COUNCIL ROCK SCHOOL DISTRICT
HALL OF FAME NOMINATION FORM

CANDIDATE’S NAME ________________________________ DATE ______________

NOMINATED BY ___________________________ TELEPHONE NO. _____________

CANDIDATE’S ADDRESS ________________________________________________

CANDIDATE’S SPORT OR SPORTS _______________________________________

I. AS AN ATHLETE AT COUNCIL ROCK:
   a. Dates of participation (years) _______________________________________
   b. Position ________________________________________________________
   c. Special Accomplishments _________________________________________
       ________________________________________________________________
       ________________________________________________________________
       ________________________________________________________________
   d. Year of Graduation _______________________________________________
   e. High School Attended _____________________________________________

II. AS A COACH AT COUNCIL ROCK:
   a. Sport or Sports __________________________________________________
   b. Years (dates) ___________________________________________________
   c. Win-Loss Record _________________________________________________
   d. Championships Won _____________________________________________
   e. Other Special Accomplishments ___________________________________
      ________________________________________________________________
      ________________________________________________________________

Mail or Fax to:

COUNCIL ROCK HIGH SCHOOL SOUTH
2002 Rock Way, Holland, PA 18966
Phone 215-944-1103
Fax 215-944-1143

OR

COUNCIL ROCK HIGH SCHOOL NORTH
62 Swamp Rd., Newtown, PA 18940
Phone 215-944-1300
Fax 215-944-1388